COVA Care

Notification of Changes and Clarifications to Your Member Handbook
Effective July 1, 2005
Commonwealth of Virginia Health Benefits Program

Keep this notification with your COVA Care 2004 Member Handbook. This notification and your member handbook constitute a full and complete description of your coverage. You also may obtain this notification and the COVA Care 2004 Member Handbook from the DHRM Web site at **www.dhrm.virginia.gov**.

1) **Under *Medical necessity review for medical and behavioral health benefits*, add the following diagnostic imaging services which require a health service review (pre-service review):**

   - Cardiac nuclear studies (such as cardiac stress tests)
   - CT scans
   - MRI, MRA
   - PET, SPECT scans

   Your physician has been advised to contact Anthem to request a health service review prior to rendering these services.

   Page 9 – Medical necessity review for medical and behavioral health benefits

2) **Under *Dental Services*, the opening statement is replaced as follows (bold text indicates new language):**

   Delta Dental administers your health plan's routine dental benefits. **The following list includes the majority of dental services covered by Delta Dental and is not a comprehensive listing of all covered dental services. All services are subject to Delta Dental's processing policies and guidelines. Pre-authorizations are recommended for procedures over $250.**

   Page 19 – Dental services

3) **Under *Dental Services, Diagnostic and preventive services (routine*), the fifth and thirteenth bullets are replaced as follows (bold text indicates the new language):**

   - two tests to see if the tooth is still alive (pulp vitality tests), **every 12 months; (the 12-month count starts the month in which you receive the pulp vitality test)**
   - occlusal night guards for demonstrated tooth wear due to bruxism and **temporomandibular joint disorder (TMJ)**

   Pages 19 - 20 – Dental services

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4) **Under *Dental services, Primary services (routine*), the third, seventh, fourteenth and twenty-third bullets are added/changed as follows (bold text indicates new language):**

- **simple extractions of natural teeth and surgical extractions of fully erupted teeth**
- **surgical preparation of ridges for dentures**
- periodontal evaluations **(not in addition to periodic evaluations)**
- periodontal maintenance **(limited to two per plan year)**

Page 20 – Primary services (routine)

5) **Under *Dental services (non-routine),* the first bullet is replaced as follows:**

- *medically necessary* dental services resulting from an accidental injury, provided that *you* seek treatment within 60 days after the injury. *You* must submit a Plan of Treatment from your dentist or oral surgeon for prior approval by Anthem.

Page 20 – Dental services (non-routine)

6) **This is to clarify that oral surgery and certain non-routine dental services are covered under your Anthem medical benefits. Oral surgery includes surgical removal of impacted teeth and treatment of medically diagnosed cleft lip, cleft palate, or ectodermal dysplasia. A health service review is recommended prior to an oral surgery procedure.**

Pages 20 - 21 – Dental services (non-routine)
Page 30 – Oral surgery

7) **Under *Shots (Injections),* paragraph one is changed as follows (bold text indicates the new language):**

Your health plan covers therapeutic injections (shots) that a *provider* gives to treat illness (e.g. allergy shots) or pregnancy-related conditions. **Also included is allergy serum for allergy shots.** In addition, *you* have coverage for immunizations and self-administered injections.

Page 28 – Shots (Injections)

8) **Under *Allowable charge for surgical services,* the second bullet is changed as follows (bold text indicates the new language):**

- 50% of the *allowable charge* for each of the **additional** surgical services if they had been performed separately.

Page 29 – Allowable charge for surgical services

9) **Under *What is not covered (Exclusions) - D*, the opening statement is changed as follows (bold text indicates the new language):**

Your coverage does not include benefits for the following dental services. **This list includes the majority of dental services not covered by Delta Dental and is not a comprehensive listing of all non-covered dental services.**

In addition to the services listed in this section, the following dental exclusion is added:

- surgical extractions of impacted teeth (this procedure may be covered under your medical benefits)

Bullets twenty-six, twenty-seven and twenty-eight are replaced with the following dental exclusions:

- dental services for lost, misplaced or stolen prosthetic devices including **orthodontic retainers,** space maintainers, bridges and dentures (among other devices);
- services that Delta Dental determines are for the purpose of cosmetic surgery or dentistry for cosmetic purposes;
- services that Delta Dental determines are for the purpose of correcting congenital malformations or replacing congenitally missing teeth; and
- dental services for increasing vertical dimension, restoring occlusion, correcting developmental malformations, or for esthetic purposes.

Pages 35 - 36 – What is not covered, dental services

10) Your coverage does not include benefits for family planning services. Under *What is not covered (Exclusions) – F and P*, the following clarification is added and applies in both the family planning and prescription drug list of services that are not covered:

- medications used to treat infertility even if they are used for an indication other than infertility

Page 36 – What is not covered, family planning
Page 39 – What is not covered, prescription drug

11) Under *How a claim is paid*, in accordance with the recently passed Senate Bill 904, the following language is added:

When the Plan Administrator's payment for covered out-of-network services is made directly to the member, the member is responsible for sending payment to the out-of-network provider.

Page 43 – How a claim is paid

12) The paragraph under *Qualifying mid-year events* is changed as follows (bold text indicates the new language):

The following events permit a change outside open enrollment. *You* may change a benefit election when a valid change in status event occurs, but only if your change is made on account of, and corresponds with, a change in status that affects your own, your spouse's or your dependent's eligibility for coverage and only if you apply to do so within 31 days of the event. **You may also change your plan, membership and additional coverage options based on the event.** If *you* have questions about these events, contact your *benefits administrator.*

Page 52 – Qualifying mid-year events

13) The *Extended Coverage/Continuation of Coverage (COBRA)* section of your handbook is deleted. An updated General Notice of Extended Coverage Rights was mailed to current COVA Care members at their address of record in May, 2005. New employees and their spouses who enroll in COVA Care will receive this notice at their home address of record from their benefits administrator within 90 days of their commencement of coverage. It is suggested that this be kept with your COVA Care handbook.

Page 55 – Extended Coverage/Continuation of Coverage (COBRA)

14) The following language is added to the *Final DHRM Appeal Process* section of your handbook as follows:

The Department of Human Resource Management does not accept claim appeals for:

- amounts above the *allowable charge* which are billed by a non-participating provider when the *allowable charge* has already been paid, or;
- denial of claims for specific exclusions listed in this booklet. In these cases, the *plan administrator's* denial is final. However, denial of claims involving medical necessity (i.e. experimental/investigational procedures, etc.) can be appealed.

Page 63 – Final DHRM Appeal Process

15) Under *Optional Benefits, Expanded dental option – Orthodontic service*s, the second bullet is clarified as follows (bold text indicates the new language):

- services needed to diagnose the problem, including x-rays, study models and **diagnostic casts**

Page 80 – Orthodontic services

16) Under *Optional Benefits, Hearing services* the benefit is clarified as follows (bold text indicates the new language):

The following services are covered:

- An examination once every 48 months (you pay $35 copayment); and
- **purchase** of hearing aid(s) and other related hearing aid services such as selection, fitting and **repair** every 48 months ($1,200 benefit maximum).

Page 81 – Hearing services